

P09000047252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

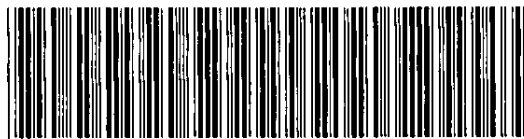
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500157188725

06/18/09--01004--005 **35.00

RECEIVED
09 JUN 18 AM 10:43
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 JUN 18 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off design
C.COULLETTE

JUN 18 2009

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MOES REHABILITATION CENTER
(Corporation Name) (Document #)

2. Corp
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, YANNICK BETANCOURT, hereby resign as VP (Title)

of MOES REHABILITATION CENTER, CORP
(Name of Corporation)

P09000047252, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

[Signature]
(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
09 JUN 18 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA